02255

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Croix Miller DATE 2-19-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Kingswood lot 41 Castlegate Drive

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 100'X250'

Character & Porosity of Soil Clayey Class IV-A

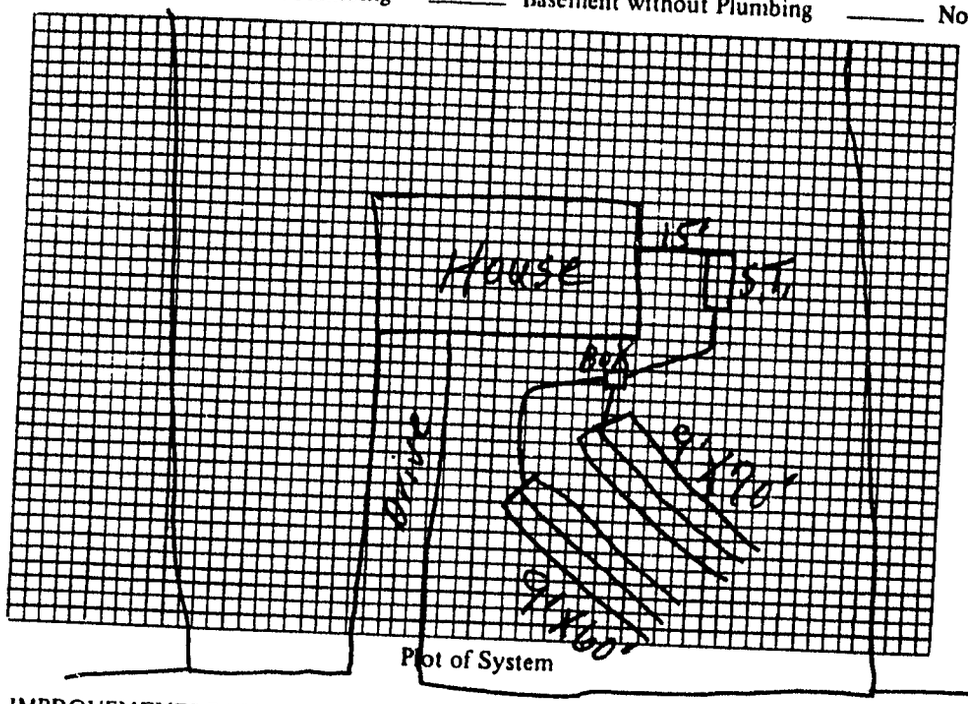
Percolation Rate .4 gal/55.0 Hang

Topography Sloping

Depth to Water Table 10'+

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1170 Linear Ft. 390

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Ed O'Kelley

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: Lay-out Amended 2-14-85 System would have been Too Sup on back side of lot.

CERTIFICATE OF COMPLETION BY R. C. Moore

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold